TROPHY CARD 2024	EGB DE CYMRU BRANCH
CLAIMANT DETAILS:	EGB MEMBERSHIP NUMBER:
NAME:	

NAME:		
RIDER 1		
RIDER 2		
RIDER 3		

	NAME	BREED	TICK IF 18 OR OVER
HORSE 1			
HORSE 2			
HORSE 3			

DATE	RIDE OR MEETING NAME	CER/GER FUN RIDE	DISTANCE (KMS)	HORSE RIDDEN OR ROLE AS HELPER	RIDE ORGANISER TO CERTIFY	LEAVE BLANK FOR ADMIN USE